



CREDIT CARD DONATION FORM



Name _____

Address: _____

City _____ State _____ Zip Code _____ Phone (_____) _____

CREDIT CARD: VISA MC AE DISCOVER Donation Amount \$ _____ Today's Date _____

CARD # _____ - _____ - _____ Exp. Date _____ / _____

Signature _____

***NOTE: CREDIT CARD DONATIONS MAY NOT T BE USED TO PURCHASE RAFFLE TICKETS**

Northland 300 Participant Name _____ Phone (_____) _____

COMPLETE THIS FORM AND MAIL OR FAX TO KATHY KARKULA WITHIN 7 DAYS OF TODAY'S DATE (ABOVE)
MAIL: Kathy Karkula, Special Olympics Minnesota, 100 Washington Ave S, Suite 550, Minneapolis, MN 55401
FAX: 612-333-8782 Attn: Kathy Karkula